

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039367

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1779

Primary Registration District No. 4287

Registrar's No. 149

FILED NOV 5 1962

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Troy		Length of stay in 1b 10 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunset Retirement Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First AMOS Middle FRANCIS Last HALLEY		4. DATE OF DEATH Month October Day 30 , Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-17-77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming - retired		10b. KIND OF BUSINESS OR INDUSTRY self-employed	
11. BIRTHPLACE (City and state or country) RFD- Whiteside, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME T. A. Halley		13b. MOTHER'S MAIDEN NAME Lucy Lilley	
14. NAME OF HUSBAND OR WIFE Mary Alice Halley		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Neva Huebner Address 6406 Center Court - St. Louis 16, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH 24 HRS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS		DUE TO (c) UNIC	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PULMONARY EMPHYSEMA		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5 a.m. p.m.	Month, Day, Year 5-12-56	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Troy - Mo -	
21. I attended the deceased from 5-12-56 to 10-30-62 and last saw him alive on 10-29-62		Death occurred at 5:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Louis P. Hella MD		22b. ADDRESS Troy - Mo -	
22c. DATE SIGNED 11/1/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Oct. 31, 1962		23c. NAME OF CEMETERY OR CREMATORY Mill Creek	
23d. LOCATION (City, town, or county) RFD Silex, Mo.		24. FUNERAL DIRECTOR Ricks Funeral Home, Elsberry, Mo.	
25. DATE RECD. BY LOCAL REG. 11-1-1962		26. REGISTRAR'S SIGNATURE Charlotte Leek	

NOV 7 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.